Appendix 3 - Stakeholder Comments on Voluntary Services Proposal and DHMH Response		
Comment	**DHMH Response**	**Submitted by**
Create a funding mechanism for ACT teams to conduct in-reach and engagement services for individuals who are hospitalized or incarcerated. The current reimbursement arrangement does not cover the cost of in-reach services, which can be critical to establishing a relationship prior to discharge, thereby decreasing the risk of losing the individual once he or she is discharged.	While this recommendation was not included in the proposal for voluntary services, the Department plans to continue to look for ways to improve access to assertive community treatment.	Lori Doyle
Increase the number of residential crisis beds. Given the pressure hospitals are under to reduce readmissions, the demand on our crisis beds has grown dramatically. Unfortunately, we must turn a number of referrals away due to the lack of vacant beds. Residential crisis beds more than pay for themselves by diverting inpatient admissions and reducing the length of inpatient stays. Our stats show that we are quite successful in stabilizing the psychiatric crisis, addressing somatic and addiction treatment needs, finding stable housing, and assisting the person in applying for eligible benefits, all in an average stay of less than ten days.	The Department did not accept this recommendation. Under this proposal, CSAs would be able to dedicate additional funding to residential crisis beds based on jurisdictional need.	Lori Doyle
Consider funding arrangements beyond fee-for-service and expand eligibility for the current capitation programs.Our capitation program has been highly successful in serving some of the most challenging individuals in the public mental health system. Much of that success can be attributed to the service flexibility capitated payments allow. In addition, the capitation programs reward outcomes (and punish lack of same), allowing providers to reinvest in services and staff that prove most successful. The same flexibility should be extended to other services. Additionally, expansion of eligibility for the current capitation programs would allow us to intervene before an individual becomes a high-cost user (which are the only individuals eligible for capitation programs at present).	The Department accepts this recommendation and will consider expanding eligibility for the current capitation programs.	Lori Doyle
Expand the use of telemental health services, particularly in residential crisis programs and other outreach services.It is becoming increasingly difficult to attract and retain prescribers, not only in outpatient clinics, but particularly in crisis and outreach programs (such as ACT and residential crisis programs). Expanding telemental health would allow us to stretch the reach of our prescribers in areas where they are most needed.	The workgroup did not examine the use of telemental health services. However, the Department has initiatives outside of this proposal to addres the expansion of telemental health.	Lori Doyle

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Expand intensive RRP beds and reimburse at a level that would allow for nurses and other medical support staff.We are finding that many of the individuals who are most challenging psychiatrically are also challenging somatically. In fact, now that we have access to CRISP data we have found that many of the individuals we serve have had more frequent admissions for somatic issues than for psychiatric. While this may not seem like an outpatient commitment issue, the reality is that once these individuals reach the emergency department they are quickly "coded" as a psychiatric patient. Their somatic issues may not be adequately addressed and they spend time inappropriately in the ED, tying up services that would be better used addressing a true crisis. The health outcomes for the population we serve are deplorable. This issue should be at the top of any debate regarding major systems change.	The role of RRP was not discussed in the voluntary services proposal. While the Department acknowledges that resources must be available for individuals with co-occuring behavioral health and somatic conditions, we did not accept this change.	Lori Doyle
Does this mean that peer services will be MA reimbursable?	No. Under this proposal, grant funds would be provided to local jurisdictons to build peer support into their existing service delivery system.	Arleen Rogan
In the second full para. on p.1 , I suggest that we add transportation to the items that will improve access and stabilize the rendering of services.	While the Department agrees that transportation can improve access to services, DHMH did not accept this change.	Nevett Steele
The 3rd full para. on p.2 seems to consider that an outpatient civil commitment may not be implemented in Maryland. The enhancements discussed in the paper could obviate the need for involuntary commitment.	Whether an outpatient civil commitment program is implemented in Maryland is dependent on the passage of legislation.	Nevett Steele
Our members do urge a word of caution, however, with regard to the Workgroup's proposal: increased services must be accompanied by increased funding to support those resources. We urge the Department, in pursuing the recommendations of the Workgroup, to implement increased access to services only when there is adequate funding to support it. The Department should be cautious not to dilute the already strained finances for outpatient services by potentially entering more patients into the mental health system without additional funding appropriations.	The Department accepts this recommendation and does not intend to divert current funding to finance this proposal.	Maryland Psychiatric Society and the Suburban Maryland Psychiatric Society

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Establish additional community treatment teams specifically for mental health only to include an intensive program. Two examples in our community that service non mental health conditions are Med Star and Patient First. Both have over 20 locations to service individuals with heart disease, cancer, diabetes, dental care, aches, pain, fever, abdominal pain, hypertension, work injury – just to name a few. The ratio between volume of individuals with a mental illness and mental health services is unbalanced and the individuals needing mental health care are suffering due to lack of assertive community treatment.	This recommendation was not accepted as outpatient services for somatic issues were not examined within the workgroup. However, the Department's Health Homes program assists individuals with co-occuring somatic and behavioral health disorders. The Department is also assessing the expansion of Community Integrated Medical Homes through other funding streams.	Shantelle Stroman
Create an Oversight Commission at the DHMH state level to review government funds that are given to housing providers who give eviction notices to individuals that are mentally ill – the individual becomes homeless with this harsh decision making and the government is allocating $2,200 to $3,500 a month per client to ensure the welfare and care of this person…… Where is the accountability plan or accountability team (Inspector General's Office) to ensure that these funds are utilized as they were appropriated? If a client is evicted for lack of medical treatment then the funds should definitely cease and a credit should be given back to the state and the client's account for his/her residential cost.	The voluntary services proposal did not address the oversight of providers who receive state funding for housing services. Therefore, this recommendation was not accepted.	Shantelle Stroman
Implement a transition care unit (mobile team) to assist home care providers to help a person get medical treatment prior to eviction and allow individuals to maintain their same residence to prevent them from being homeless.	This recommendation was not accepted as the workgroup did not examine outpatient treatment for somatic services.	Shantelle Stroman
Expand training in the community to mental health providers and the police department to enhance the knowledge base of mental health across our community and continue the 24/7 hotline it is a great resource during an emergency.	The voluntary services proposal did not address training of mental health workers and the police. Rather, the workgroup developed a proposal to expand access to voluntary outpatient mental health services. Therefore, this recommendation was not accepted. It is important to note that police training is being addressed at the jurisdictional level through other avenues, including Crisis Intervention Teams.	Shantelle Stroman

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In addition to expansion funds, there needs to be further review of additional funds to enhance traditional ACT.	While the Department reconginzes the benefits of enhancing Assertive Community Treatment, it did not accept this recommendation.	Dale Meyer
Outreach and Engagement is a separate and defined service with a specific skill set and competencies that must be funded as a separate service. ACT teams do not have the capacity to conduct ongoing outreach and engagement in the fee for service financing structure. It is critical that the proposal fund a separate service for this to occur which is grant funded.	This recommendation was not accepted. The workgroup did not study the financing of outreach and engagement services.	Dale Meyer
Flexible Housing & Needs Funds must be attached to this population to achieve success. This proposal must provide a housing fund which pays for housing and housing needs to support the consumer in the community. Funding must be flexible above and beyond a rental subsidy to meet the needs of consumers. The success of this initiative will depend on this item being available.	The Department acknowledges that housing outside of rental subsidies may be necessary for individuals with serious mental illness. However, the Department did not accept this recommendation.	Dale Meyer
Two areas that I think need more service are; transitional housing for homeless and treatment of inmates in correctional institutions with mental health issues. These populations will require and benefit from Assertive Community Treatment over the long term. There also needs to be programs that recruit mental health professionals to staff these initiatives.	Under the proposal, rental subsidies would be available to both the homeless and to those exiting correctional institutions. The workgroup did not discuss initiatives to recruit mental health professionals as it was outside of the workgroup's mandate. Therefore, the Department did not accept this recommendation.	Patricia Ranney
DORS concern with the role of the employment specialist as a part of the team. It has been our expereince that successful employment outcomes are difficult to acheive as the employment specialists is often called upon to fill many of the ancillary roles in support of a consumer's related needs, rather than focusing on employment. If the access to ACT teams is expanded statewide, it is DORS suggestion that the role of the employment specialist, as part of the ACT team, be further defined and preserved as a specialty unto itself. Furthermore, the employment specialist, when possible, should be co-supervised by an individual who coordinates the provisoin of employment services (when an agency has both ACT and supported employment (i.e. trandtional and/or evidence based) to provide an opportunity for that professional to continue to develop job placement and support skills.	This recommendation was not accepted. The workgroup did not have time to throughly examine the various positions, including employment specialists, under an ACT team.	Suzanne R. Page

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Recommended Report Language to Be Added: In support of its efforts to expand Assertive Community Treatment, enhance behavioral health integration, and strengthen Patient Centered Medical Homes, the Department should investigate and consider changes to regulations that currently preclude Federally Qualified Health Centers from participating in Assertive Community Treatment Teams and receiving reimbursement that recognizes the more intense service provision.	The Department accepts this recommendation and will investigate reimbursement of Assertive Community Treatment services by Federally Qualified Health Centers.	Health Care for the Homeless
Recommended Report Language to Be Added: In order to support integration and funding of peer support services, the Department should consider pursuing a Medicaid waiver, state plan amendment, or other option that would permit the inclusion of peer support among the services reimbursable through Medicaid.	This recommendation was not examined during the stakeholder workgroup process and was not including in the voluntary services proposal. However, the Department will continue to explore ways to increase funding sources for peer support.	Health Care for the Homeless
Recommended Report Language to Be Added: Over the past 15 years, the "housing first" model of permanent supportive housing has demonstrated both cost-and outcome-effectiveness - particularly for people with serious behavioral health disorders. Because Medicaid offers a reliable and sustainable funding source for the majority of people experiencing homelessness, the Department should investigate and consider ways to use Medicaid funding to expand access to permanent supportive housing.	The housing first model was not examined during the stakeholder workgroup process. However, the Department will continue to explore ways to enhance housing services.	Health Care for the Homeless
Enhance peer support using the Clubhouse model.	The Clubhouse Model was not examined during the stakeholder workgroup process. However, the Department will continue to explore optimal ways to integrate peer support into the public behavioral health system.	B'more Clubhouse, Inc.
Expansion of ACT should not be tied strictly to outpatient civil commitment.	The Department agrees with this recommendation. The proposal to expand access to ACT is not dependent upon the establishing of an outpatient civil commitment program.	Mental Health Association